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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
MB Number:	3235-007
vnirae: May 31	2002

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SE	C USE O	NLY
Prefix		Serial
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DAT	E RECE	VED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Metara Inc.	DEST
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Ing	ruding Area Code
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number and Street, City, State, Zip Code)	8-523-8950 luding Ama Code)
Brief Description of Business Metara designs and develops real time, in-line chemical metrology systems for semiconductor manual	
Type of Business Organization Corporation I limited partnership, already formed U business trust U limited partnership, to be formed U other (please specific	PROCESSEI PEB 2 2 2002
Actual or Estimated Date of Incorporation or Organization: Month Year	Estimated THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	DE
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administratine each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

SEC 1972 (7/00)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

securities of th	e issuer;									
 Each executive 	officer and	director of co	orporate	issuers and of corpo	orate g	eneral and managing	partne	ers of partne	ership is	ssuers; and
• Each general a	nd managin	g partner of p	artnersh	ip issuers.						
Check box(es) that app	oly:	Promoter		Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name Franklin, C. Patrick		ividual)								
Business or Residence 1225 East Arques Av				eet, City, State, Zip 85	Code)					
Check box(es) that app	ly:	Promoter		Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name Luten, Thomas H.	first, if indi	ividual)								
Business or Residence 1225 East Arques Av		•		eet, City, State, Zip 85	Code)	•				
Check box(es) that app	ly: 🗆	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name McDonald, Rober		vidual)								
Business or Residence 1225 East Arques Av				eet, City, State, Zip	Code)					
Check box(es) that app	ly: 🔲	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name Armistead, Rober		vidual)								
Business or Residence 1225 East Arques Av				eet, City, State, Zip 85	Code)					
Check box(es) that app	ly: 🔲	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name Stultz, Timoth J.	first, if indi	vidual)		•						• .
Business or Residence 1225 East Arques Av		•		eet, City, State, Zip	Code)					
Check box(es) that app	ly:	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name Harris, Jack R.	first, if indi	vidual)								
Business or Residence 1225 East Arques Av		•		eet, City, State, Zip	Code)					
Check box(es) that app	y: 🗆	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name Merifin Capital N		vidual)								
Business or Residence				et, City, State, Zip (Code)	· · · · · · · · · · · · · · · · · · ·				

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.	-	· · · · · · · · · · · · · · · · · · ·
Check box(es) that apply:	tor \square	General and/or Managing Partner
Full Name (Last name first, if individual)	•	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check box(es) that apply:	tor 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check box(es) that apply:	tor 🔲	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check box(es) that apply: Promoter Beneficial Owner Executive Officer Direct	or 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check box(es) that apply:	or 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check box(es) that apply:		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check box(es) that apply: Promoter Beneficial Owner Executive Officer Direct		General and/or Managing Partner
Full Name (Last name first, if individual) Hoegh Investments A/S		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 1225 East Arques Avenue, Sunnyvale, California 94085		

						INFORM	ATION A	ROUL O	FFERINC				Yes	No
1.	Has the	issuer so	ld, or doe	s the issue	er intend to	sell, to r	non-accrec	lited inves	tors in thi	s offering	?			X
Answer also in Appendix, Column 2, if filing under ULOE.														
2.	2. What is the minimum investment that will be accepted from any individual?								\$ 2.00 Yes	No No				
3	3. Does the offering permit joint ownership of a single unit?									X				
	Enter the sion or s to be list list the n	e informati imilar rem ed is an as ame of the	on request uneration is sociated po broker or	ed for each for solicitat erson or ag dealer. If i	person whe	o has been hasers in coker or dea ive (5) per	or will be connection ler register sons to be	paid or giv with sales ed with the listed are a	en, directly of securities SEC and/o	or indirect of the offer	tly, any cor ering. If a p ate or states uch a broke	nmis- erson		
	l Name (l		first, if ind	lividual)										
					and Street, (co, CA 94	-	, Zip Code)	·)						
	me of Ass /A	sociated B	roker or De	ealer					·					
Sta	tes in Wh	ich Persor	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							
	(Check "	All States'	or check	individual :	States)					•••••				All States
	(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA X] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID [M ⁰ [PA [PR) []
Ful		Last name	first, if ind	ividual)		. ,							٠	
				(Number a Serrano, C	nd Street, (CA 95030	City, State,	Zip Code)							
Nar N /		ociated Br	roker or De	ealer										
Stat	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers	Foreign i	nvestors or	ılv				
													<u> </u>	All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	-
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	1
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
	`	ast name	first, if ind	ividual)										
					nd Street, C		Zip Code)							
Nar N/		ociated Br	oker or De	aler										
Stat	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers							
														All States
	[AL]	[AK]	[AZ]	[AR]	[CA X]		[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
	[几]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	.]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,			
	check this box and indicate in the columns below the amounts of the securities offered for exchange			
	and already exchanged.		regate	Amount Already
	Type of Security		ng Price 0	Sold 0
	Debt	3		3
	Equity	\$ <u>17,50</u>	0,000	\$4,815,000
	☐ Common ☒ Preferred		_	
	Convertible Securities (including warrants)	\$ _*See	below	\$_*See below
	Partnership Interests	\$	0	\$ <u>0</u>
	Other (Specify * Offering includes warrants for 208,750 shares of Common	()	s0
	Total		0,000	\$_4,815,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number	Aggregate Dollar Amount of Purchases
	Accredited Investors	-	5	¢ 4,815,000
				0
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)	-		\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	_		D 11
	Type of offering		Type of ecurity	Dollar Amount Sold
	Rule 505			\$_
	Regulation A			•
	· ·	-		5
	Rule 504		'	\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$0
	Printing and Engraving Costs			so
	Legal Fees		_ 	\$10,000
	Accounting Fees			s0
	Engineering Fees			\$0
	Sales Commissions (specify finders' fees separately)		_ 	s 650,000
	Other Expenses (identify)			s 0
	Total	•••••		e 660,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		_			
b. Enter the difference between the	he aggregate offering price given in response to Part C - sponse to Part C - Question 4.a. This difference is the	Ques-			
"adjusted gross proceeds to the issue	r."		•••••		\$ <u>16,840,00</u>
used for each of the purposes shown. If the estimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the box to the left of the stimate and check the stimate and check the stimate and check the box to the left of the stimate and check the stim	usted gross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish an the estimate. The total of the payments listed must equal set forth in response to Part C - Question 4.b above.	:	•		
	•		Payments to	,	
			Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		X	160 750	X	\$ 32,500
Purchase of real estate	<u></u>] \$		\$
Purchase, rental or leasing and in	stallation of machinery and equipment		\$		\$
Construction or leasing of plant b	ouildings and facilities		\$		\$
offering that may be used in exch	including the value of securities involved in this ange for the assets or securities of another		J \$		\$
Repayment of indebtedness		🗷	\$ 600,000	K	\$ 350,000
Working capital			\$	X	\$ <u>15,688,7</u> 50
Other (specify):		□	\$		\$
·			\$		*
Column Totals		🗷	\$\frac{768,750}{}	X	\$ \frac{16,071,250}{}
Total Payments Listed (column to	stals added)		X \$16	5,84	0,000
	D. FEDERAL SIGNATURE				
		at the	' (°1 - 4 4 75 - 1	- 505	41
following signature constitutes an underta	be signed by the undersigned duly authorized person. If aking by the issuer to furnish to the U.S. Securities and I d by the issuer to any non-accredited investor pursuant	Exchange C	Commission, upon	writte	en re-
Issuer (Print or Type) Metara Inc.	3.8	ate cember 26,	2001		
Name of Signer (Print or Type) Thomas H. Luten	Title of Signer (Print or Type) Chief Financial Officer				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)